

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO. **1 01069913** FILING DATE **12 JUL 2002**
APPLICANT(S) *Collec-Touch*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		4				
6		0				
7		0				
8		0				
9		0				
10		0				
11		1				
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50						
TOTAL IND.	14					
TOTAL DEP.		15				
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						